

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



December 8, 1994

ALL-COUNTY LETTER NO. 94-106

TO: COUNTY WELFARE DIRECTORS
COUNTY CAL-LEARN COORDINATORS

Reason for this Transmittal

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: CAL-LEARN PROGRAM CHILD CARE PAYMENT REQUEST FORM

REFERENCE: Manual of Policies and Procedures sections 42-750 and 42-765
All-County Letter No. 94-16

This letter transmits the new Request for Cal-Learn Child Care Payment form, the CL 12. This form was developed with the assistance of the County Welfare Director's Association. The CL 12 was designed to obtain the information required to determine payment eligibility and complete the Federal Title IV-A Child Care reporting form, the ACF 115 (State). In addition, it contains the following program integrity elements:

- Informs both the participant and the child care provider that the reported information may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB);
- Obtains a "Release of Information" from the participant which enables counties to contact either the child care or education provider to verify the reported information.

The CL 12 is a required form for the Cal-Learn Program with substitutes permitted only with prior approval from the California Department of Social Services (CDSS). Counties should immediately begin providing the CL 12 form to Cal-Learn participants who need child care assistance to attend school. Specific instructions for completion of the form are attached.

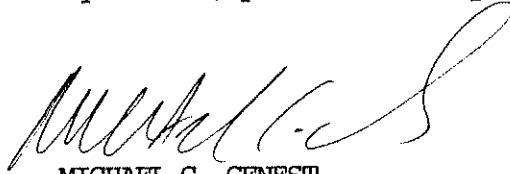
Counties can obtain a camera-ready copy of the English and/or Spanish version of the CL 12 by telephoning or writing:

CDSS Forms Management Unit
744 P Street, MS 7-182
Sacramento, CA 95814
(916) 657-1907/ATSS 437-1907

Counties can obtain a camera-ready copy of the Cambodian, Chinese, Lao or Vietnamese translation of the CL 12 by telephoning or writing:

CDSS Language Services Bureau
744 P Street, MS 9-024
Sacramento, CA 95814
(916) 654-1282/ATSS 464-1282

If you have any comments or questions, please contact your Cal-Learn Analyst at (916) 654-1424.

A handwritten signature in dark ink, appearing to read "Michael C. Genest", with a large, stylized flourish at the end.

MICHAEL C. GENEST
Deputy Director
Welfare Program Division

Enclosure

INSTRUCTIONS FOR THE
REQUEST FOR CAL-LEARN CHILD CARE PAYMENT
(CL 12)

The CL 12 form is provided to all Cal-Learn participants who need child care assistance to attend school. The participant submits the CL 12 to the county after completing the front side and having his/her child care provider complete the reverse side. If the participant has more than one child care provider, each provider must complete a CL 12. Therefore, counties are encouraged to provide participants with multiple copies of the CL 12 form.

Part A is completed by the participant. The participant:

- Indicates the days and the number of hours that he/she attended school;
- Indicates the specific hours he/she attends school each day;
- Indicates his/her commute time;
- Lists all monthly child care costs; and
- Signs the form under penalty of perjury.

Note: When a participant requests more information on their responsibilities when choosing in-home child care, counties can refer the participant to their local Resource and Referral Agency or the U.S. Department of Labor.

Part B is completed by the child care provider. The provider:

- Indicates where the care was provided, the name(s) of the child(ren) for whom care was provided, and the amount owed and paid for each child;
- Indicates the days and hours of care for each child;
- Certifies to either licensed or exempt from licensure status; and
- Signs the form under penalty of perjury.

When the county receives a completed CL 12, the caseworker:

- Indicates the date received in the "COUNTY USE ONLY" column;
- Reviews form for completion and returns to participant if incomplete;
- Processes the appropriate child care payment. Counties have 20 calendar days following the receipt of the completed CL 12 to issue the child care payment. Counties have 7 days to issue an advance child care payment.

REQUEST FOR CAL-LEARN CHILD CARE PAYMENT

Instructions: Complete and return this report to your Worker each month. You or your provider will not get a child care payment unless a request is received each month. Part A must be completed by you and Part B, on the back of this form, by the Child Care Provider. Use a separate form for each child care provider.

PART A - RECIPIENT FILLS IN THIS SECTION.

1. NAME (FIRST, MIDDLE, LAST) HOME PHONE WORK PHONE, IF APPLICABLE
() ()

ADDRESS (STREET, CITY, STATE, ZIP CODE)

2. List the number of hours you went to school each day in the month. (Do not write in the blanks on days you did not go to school). Attach proof of attendance, if available.

Month/Year of Request: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS

3. List which hours you go to school each day. For example: 8:00 a.m. to 2:00 p.m.

Monday _____ am/pm to _____ am/pm	Thursday _____ am/pm to _____ am/pm
Tuesday _____ am/pm to _____ am/pm	Friday _____ am/pm to _____ am/pm
Wednesday _____ am/pm to _____ am/pm	Saturday _____ am/pm to _____ am/pm

4. It takes me _____ hours _____ minutes each day to go to and from my child care provider and where I go to school.

5. List your child care costs for the month:

CHILD'S NAME	BIRTHDATE	PROVIDER'S NAME	AMOUNT PAID	AMOUNT OWED

6. My child turned 6 years old this month and is in kindergarten. ☐ YES ☐ NO
If "yes", tell us the date when the school year ends: _____

7. My child care provider has changed since my last request for a child care payment. ☐ YES ☐ NO
If "yes", your new provider must be approved before you can get a payment.

COUNTY USE ONLY

Date received:

Worker Number:

Case Name

Case Number:

☐ Total Hours Verified

☐ RMR Changed

CERTIFICATION

I understand that:

- I am certifying I went to school on the days and hours listed above and my case manager may call the school to verify.
- Any statements made on this form are subject to investigation and verification.
- I must pay child care rates which are no greater than the rates billed by the child care provider for services given to other children.
- The hours of child care reported on this form are reasonably related to the hours I went to school.
- I have the right to choose the child care provider who is best for me and my child(ren).
- The provider must have a license or be exempt from having a license in order for me to get a child care payment.
- The information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must pay back any child care payments I am not entitled to get.
- The county does not act as the child care provider's employer; and does not have a business relationship with the child care provider when a child care payment is paid.
- I choose child care in my home, I am the employer and am responsible for social security tax. I also understand that if I have them work 20 hours a week or more, I have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA).
- I am certifying that I have either paid or I will pay the child care provider listed above for the care provided.
- I am authorizing the county to get any verification necessary to process this request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this report is true and correct.

SIGNATURE OF RECIPIENT

DATE

PART B - CHILD CARE PROVIDER FILLS IN THIS SECTION

PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY

SOCIAL SECURITY NUMBER/TAX ID NUMBER

ADDRESS

NUMBER

STREET

CITY

STATE

ZIP CODE

PHONE

()

I provided child care in: ☐ My Home ☐ Child's Home ☐ Family Day Care Home ☐ Day Care Center
for the recipient listed on the front in _____, 19_____, for the following children:

(MONTH)

Child's Name	Amount Owed Per Child	Amount Paid Per Child	Date Paid	Rate Charged	Specify how charged (per hour, day, week, month)
A.					
B.					
C.					
D.					

3. List the number of hours you provided child care to each child for each day of the month:

Child	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A.																																
B.																																
C.																																
D.																																

Other information:

4. For the boxes listed below check (✓) the one that applies to you.

- ☐ I certify I am a licensed child care provider and my license number is _____.
- ☐ I certify I do not need a license because I am related to the child. Specify relationship _____.
- ☐ I certify I do not need a child care license because I care for my own child(ren) and a child(/ren) from only one other family; and that I am attaching or have previously attached the names, addresses, and telephone numbers of two character references and a statement as to my health; education or experience; criminal record; and names and ages of other persons in the home or providing care.
- ☐ I certify I do not need a license because the facility is operated by a public or private school and run by qualified teachers employed by the school or school district.
- I declare that I am at least 18 years of age.
 - I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct.
 - I understand that the social security number provided above may be verified with the Social Security Administration (SSA).
 - I understand that I must charge the recipient listed on the front the same or lower child care rates that I charge to other clients for the same service.
 - I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
 - I understand that the county does not act as my employer or have a business relationship with me when I get a child care payment.
 - I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this report is true and correct.

SIGNATURE OF PROVIDER

DATE

COUNTY USE ONLY